

Unity Center for Behavioral Health

Ending Respiratory Admission Testing Requirement Notification and FAQ

As of Tuesday, August 26th, 2025, patients being referred to Unity Center for Behavioral Health will no longer need the respiratory PCR test as part of the routine medical clearance process and instead focus on symptom-based screening. The information and FAQ below serve as a guide for the change.

At the start of the pandemic, admission testing was put in place due to continued surges, new variants that caused severe disease, limited vaccination, and limited immunity from prior infections. Legacy Health hospitals stopped admission testing for inpatients and surgical patients in late 2022; however, we continued admission testing at Unity Center to reduce the risk of outbreaks in our congregate setting.

A lot has changed since that time. We now have broad vaccination with effective boosters that cover current variants, milder disease, increased immunity from prior infections, and a plateau in community levels. We have also seen a steady decline in the percentage of positivity of asymptomatic patients. Community COVID-19 test positivity for January 2025 through July 2025 has remained under 10%.

Though admission testing provides us with information upon a patient's arrival, the negative test does not negate the potential for symptom development or positivity over the course of a patient's stay. It was not meant to be used as the sole basis for patient management decisions or to reduce the importance and value of standard precautions.

Standard precautions remain the best protection for staff and patients. Standard precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of standard precautions that apply to patients with respiratory infections, including those caused by the influenza virus, are summarized below.

Screening and Triage of Symptomatic Patients: Patients should be assessed upon admission and throughout their stay for signs and symptoms of respiratory viral disease symptoms. If symptoms develop, place patient in appropriate transmission-based precautions, document symptoms in patient medical record, and order lab testing. The availability of testing platforms is updated in Epic.

Vaccination: COVID-19 boosters and influenza vaccines are effective against the current strains.

Masking and Eye Protection: Use of a well-fitted facemask and eye protection decreases risk from respiratory droplets and guidelines are in place during respiratory season.

Hand Hygiene: Performed frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

Environmental Controls: Frequent disinfection of surfaces and specialized air handling systems in the healthcare setting.

See FAQ on page 2

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Frequently Asked Questions:

Why are we changing the testing criteria?

COVID-19 is now endemic in our population and management of patients with COVID-19 has evolved. This calls for continued reevaluation of how COVID-19 is managed at Unity Center. Testing all patients may needlessly put asymptomatic patients in isolation while delaying admission to Unity Center and behavioral health treatment. In an article from [Infection Control and Hospital Epidemiology](#), screening of asymptomatic patients was found to be of minimal benefit and may risk more harm due to “delays in procedures, delays in patient transfers, and strain on laboratory personnel.”

When should we test a patient for a respiratory infection?

Test based on clinical signs (such as cough, runny nose, sore throat, etc.) and index of suspicion.

When would we test an asymptomatic patient?

Respiratory PCR testing may be considered in patients with known exposure or in the setting of an outbreak. It can also be considered in patients who are poor historians or unable to communicate risk factors.

What do we do if someone shows signs and symptoms of infection?

Patients are placed in appropriate isolation precautions when symptoms are identified, regardless of whether testing is sent. An order for isolation precautions is placed in the electronic medical chart (Epic). Educate the patient, visitors, and staff about the use of PPE. Follow the algorithm “[Unity Management of COVID Symptomatic Patient & Exposed Patients](#).”

Patients who test positive within 24 hours of admission will be transferred back to referring facility. All other patients who test positive during their admission are transferred to a partner hospital per the Unity Transfer Protocol.

What test would be used for a patient with symptoms of COVID-19?

The antigen test is approved for symptomatic patients. If negative, follow with the PCR. The Epic order will guide this process.

How will outbreaks be prevented?

It is important to be diligent about communicable disease screening of patients, visitors and staff.

- Staff should include communicable disease screening on admission and throughout a patient’s stay.
- Sick and/or symptomatic visitors can introduce infections and should be restricted from visiting.
- Employees may also be vectors for infections and staff should stay home when experiencing illness. In addition, employees are encouraged to stay updated on vaccines.

For questions, reach out to Unity leadership or IP&C.

